FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	ation															
1. Name and Mailing Address	of Re	espondent														
Venture Communi PO Box 157 Highmore, SD 573		ons Coop	erative											is a	eck here if this change of ress.	
2. Year Report Filed			3. Reporting	Period (End	ling Date of Pa	ay		4. Number	of Full-Time Er	nployees du	ring Selected					
2010			Period Co	h 31, 20	port)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)								
SECTION II - Full-Time Empl	loyees	5.														
		Number of Employees (Report employees in only one category) Race/Ethnicity														
Job Categories									Race/Ethnicity	/						
			anic or itino	Not-Hispanic or Latino												Total
		La	iuno			Ma	le			Female						Columns A - N
		Male	Female	White	Black or African American	Native Hawaijan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1	.,,,		1				1								2
First/Mid-Level Officials and Managers	1.2			3						2						5
Professionals	2									1						1
Technicians	3			16						2						18
Sales Workers	4									6						6
Administrative Support Workers	5									9						9
Craft Workers	6			1												1
Operatives	7			2												2
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	23	0	0	0	1	0	20	0	0	0	0	0	44
DREVIOUS VEAD TOTAL	11			25				1		20						16

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		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	Hispanic or Latino		Not-Hispanic or Latino													
			Male									Female				
	M	lale	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N
		А														
Executive/Senior Level Officials and Managers	.1															0
First/Mid-Level Officials and Managers	.2						W08									0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9			1						2						3
TOTAL 1	10	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
PREVIOUS YEAR TOTAL	11			1						2						3
SECTION IV - Report of Discrin	nination	Comple	aints Pursua	ant to 47 CF	R 22.321, 23.	55, 90.168, 10	1.4, and 101	1.311.		101						
This is to advise the company before any This is to advise the (Attach a list indication	body h	aving co	mpetent juris at the followin	diction in su	ch matters du s alleging viola	ring the calend ations of the pr	lar year cover covisions of a	ered by this rep any equal emp	oort. loyment oppor	tunity statute	e have been fi	led against this	s company.			
SECTION V - Certification																
I certify that to the best of my kno	- Lance				nents in this re	eport are true a		1) 0	/				Telephone	No		
			Name of Pers Houek	on Signing			Signature	In Ath	24/1	6/1				No. 852-2224	1	
Title of Person Signing General Manager /	CEO					FALSE STAT									1) AND/OR RE	VOCATIO